

## Applicant Flow Sheet

Date:	Job Applied for
Name:	

This form is kept separate from your application. It is for government reporting requirements only. The Federal government requires us to collect the following statistics to ensure that we are following the Equal Opportunity Guidelines. The information will be kept confidential and separate. It will not be used in connection with your name, your application, or any test that you take.

Submission of this form is voluntary. If you choose not to answer any of the questions, you will not be penalized.

Please put a check mark by each of the following that applies to you.

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 30px; height: 20px;"></td><td>Black</td></tr> <tr><td style="height: 20px;"></td><td>White</td></tr> <tr><td style="height: 20px;"></td><td>Other: <div style="border: 1px solid black; width: 150px; height: 15px;"></div></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td>Male</td></tr> <tr><td style="height: 20px;"></td><td>Female</td></tr> </table>		Black		White		Other: <div style="border: 1px solid black; width: 150px; height: 15px;"></div>				Male		Female	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 30px; height: 20px;"></td><td>17 and under</td></tr> <tr><td style="height: 20px;"></td><td>18-29 years of age</td></tr> <tr><td style="height: 20px;"></td><td>30-39 years of age</td></tr> <tr><td style="height: 20px;"></td><td>40-65years of age</td></tr> <tr><td style="height: 20px;"></td><td>66-70 years of age</td></tr> <tr><td style="height: 20px;"></td><td>71 and over</td></tr> </table>		17 and under		18-29 years of age		30-39 years of age		40-65years of age		66-70 years of age		71 and over
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Do you have a mental, physical or emotional disability?

A disability is a condition that significantly limits a major life activity such as seeing, hearing, walking, talking, leaning, working, breathing, or taking care of yourself.

	Yes		No		Don't know
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If you checked yes, do you want to be included in the City's Affirmative Action Program for the Disabled?

	Yes		No
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Where did you learn about this job opportunity?

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